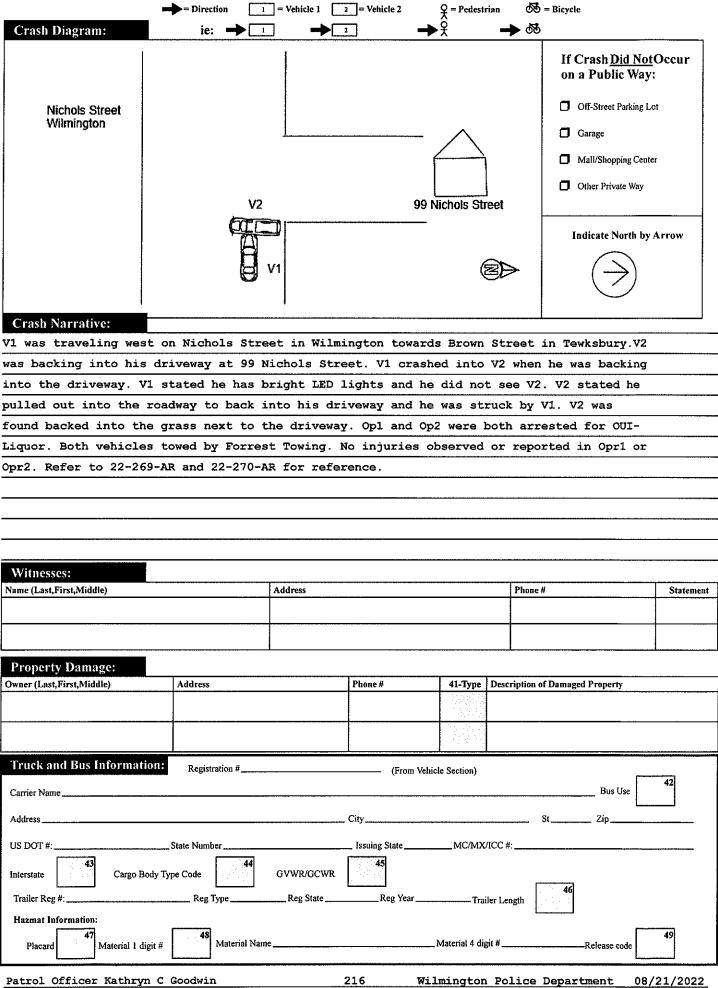
	Police Use Only	Comi	monwealth	of Massa	chus	etts			RMV	Docu	ment Number	
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4		At		Feet N	SEW	of -			_	or		_
	Route# Direction Nam	ne of Intersecting Roads	vay/Street				Mile Ma	rker			Exit Number	3 11
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² 1	Route# Direction Nam	ne of intersecting Roads	vay/Siteet						Lan	dmark		
3	Please Select One Vehicle 1.1	_#Occupants	Run Moped	Crash Re	port ID#	22-	-26	5-2	AC			
,	of the Ponowing.							_				
		A DOB/Age		# <u>197JT1</u>							21	1 12
	Sex M Lic. Class D Lic. F		DL Veh `	Year <u>2016</u>	Veh M	ake <u>HC</u>	NDA			_ Veh	Config. 1	
	Operator CRUZ, LUIS AL			er DABRIEC	, DA	FMAI	First			Mid	Lila	
⁴ 1	Address 54 GATES ST A	PT 2		ess 54 GATI	s s	' A				NIK		_
	City LOWELL State	MA Zip 01851	L-2659 City	LOWELL			Sta	te M 2	Zi	p 01	851-2659	2
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6 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26		To	owed fro	om sce	ne?	1 33	
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⁷ 1	of the Following: Vehicle 21	_#Occupants Non	-Motorist A Type	Action	Locati	on	Condit	ion		Н	lit/Run Mope	:d
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	Operator SCHOLL, WILLI		ndorsement	er SCHOLL,						=	Ç.	
81	Address 99 NICHOLS ST	First	Middle	ess 99 NICI	Į.		First			Mid	idie	-
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⁹ 2	Citation # (If Issued) T2446338		Most	Hannful Event	L 24		•	AC Test		t: 2	30	
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	Please fill out for operator/nor	Viol. 4: Ch/Sec/Sub —— -motorist and all occupa	ants involved		34 Seat	35 Safety A	36 37 irbag Eject	38 Trop	39 Injury	40 Tronsp.		
	Name (Last First Middle)	-	Address	DOB/Age	Sex Pos.	System S	tatus Code	Code	Status	Code	Medical Facility	
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Signature

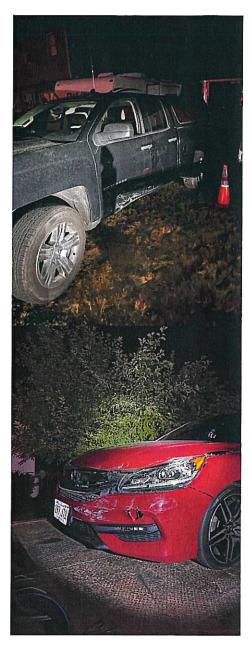
ID/Badge#

Department Precinct/Barracks

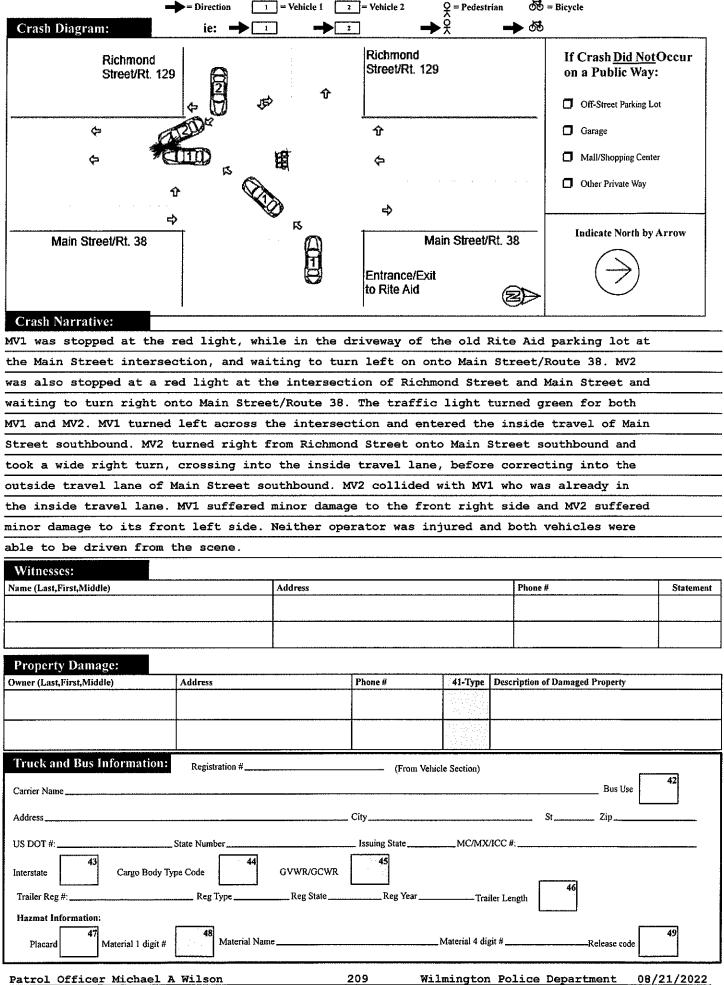
Wilmington Police Department Images Associated with 22-265-AC







	Police Use Only Commonw					nwealth of Massachusetts					RMV Document Number						
	Date of Crash	Time of Crash		City/Town	Motor	Veh	icle Cra	sh			Number Injured	1 '	d Limit	2	Loca	Police I Police A Police pus Police	
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² 1	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		- ***	L		_			La	ındınar	k		-
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		10	-	DOB/Age	<u> </u>		376EE5									21	1 12
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4	Operator SA	LAZAR, L	UIS F	E irst	Middle	Own	er <u>SALAZA</u>	R,	LUI	SE	First			М	iddle		
⁴ 3	Address 174	WOBURN	ST			Addre	ess <u>174 WC</u>	BU	RN :	ST							
	City WILM	INGTON	State 🎗	1A Zip 01887	7-1478	City	MITWING,	TON	<u> </u>						$\overline{}$	-1478	
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⁵ 1	Citation # (If Iss	sued)				Most	Harmful Event	1	24			ype or SAC Te		uit:	30		
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	Viol. 3: Ch/Sec/	Sub	Vi	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	99	26		Т	owed f	rom sc	ene?	2 33		ļ
⁶ 1			or operato	r and all occupants inv						35 3: Sofety Airl	bag Eject	38 Trap	39 Injury	40 Tausp.			
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7	Please Select C of the Followir		2 1 _#	Occupants Non-	-Motorist A T	ype	15 Action	16 1	ocation	1	7 Condi	tion	18		Hit/Run	Moped	
2	License # S84		c+ M2	DOB/Age		Dea#	8JL795			<u> </u>	J Reg Typ	, PC		D.	eg State	MZA.	-
	Sex M Lic. (10 10	Lic. Res	20		_	ear 2018		Zals Mal						Config.	1 21	
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2	·	ALDRICH	Fi	irst	Middle		ess 138 AI	ast			First			Mi	iddle		
	City WILMI			1A Zip 01887	-2228		WILMING:				St	ate MZ	A 7	in 0 1	1887	-2228	1 14
				E INSURAN		•	le Action Prior to		Г.	22				٠.	8 27 7		
	Vehicle Travel D			Responding to Emerg	_		Sequence 3		 _ _	3 23	T	est Stat	tus:		1 28		
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				notorist and all occupa	ints involved				34 Sent	35 36 Safety Airb	37	38	19 Injury	40 Transp.			1
}	Name (Last First Mi		•		Address	,,	DOB/Age	Sex	Pos, S	yslem Stat	us Code	Trap Code	Status	Code	Ме	dical Facility	-
	Operato	or/Non-Mot	orist	Se	e Above			A	1 1	4	0	0	10	1			-
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Signature

209 ID/Badge# Wilmington Police Department

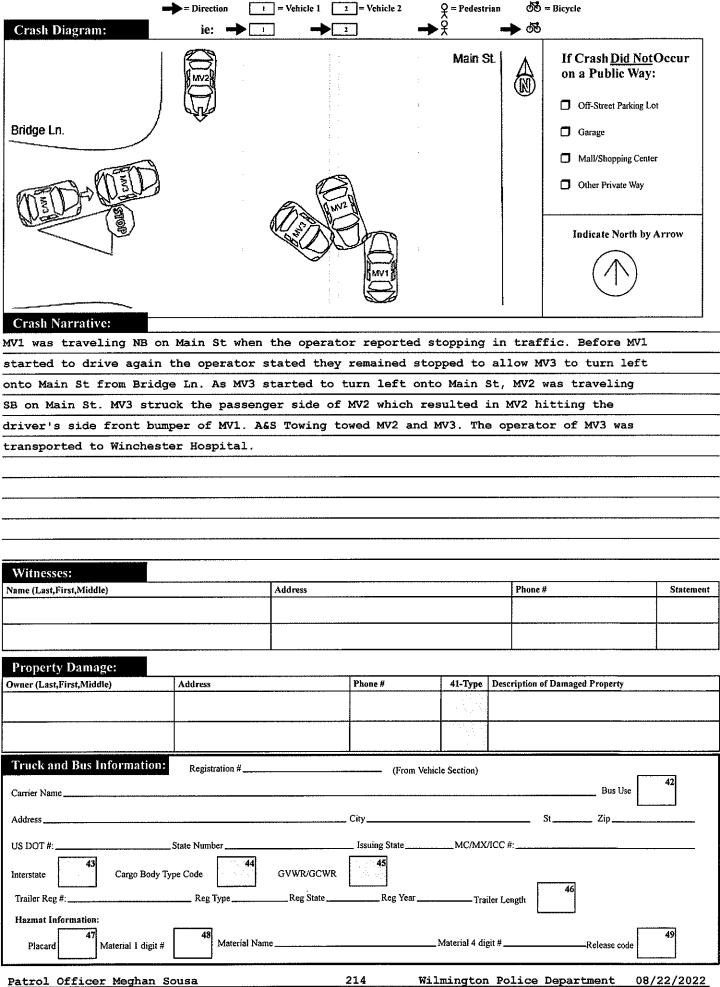
08/21/2022

Department

Precinct/Barracks

	Police Use Only	Comi	nonwealth	of Massac	chusett	S	RN	AV Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Numbe		Speed Lim	it <u>35</u>	Local Police	. T
	08/22/2022 1643 Wil	mington	Police	Report	Vehicle	s Injured	Latitude		MBTA Police Campus Police	
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	Route# Direction Na	ne of Intersecting Roady	vav/Street	Feet [K	0 2 11 01	Mile M		- UI	Exit Number	
		Also at Intersection w		Feet N	S E W of					5
				Feet N	S E W of	Route#	Inter	secting Ro	oadway/Street	
² 3	Route# Direction Na	ne of Intersecting Roady	vay/Street		······································			andmark		-
	Please Select One	_#Occupants		6 1 5		2.26				
3	of the Following:	#Occupans Hit/	Run Moped	Crash Rep	ort ID# 2 2	2-20	/A	<u> </u>		
		A_DOB/Age	Reg	#3EL239		Reg Typ	e <u>PC</u>	Re		- 12
	Sex M Lic. Class D 19 Lic. I		DL Veh	Year 2008	Veh Make	HONDA		Veh (Config. 1 21	1
	Operator SHAIKH IMRAN		ndorsement Own	er SHAIKH,	IMRAN	ALI I				
⁴ 2	Address 45 MCKENNA DR	First	Middle	ess 45 MCKE		Fisst	101	Mide	die	
								O1	060-1700	-
	City N BILLERICA State			N BILLER			ate WA amaged Are		862-1728 27 27 27	-
	Insurance Company GOVERNMEN	I. EMPLOYEES	S INSU Vehic	cle Action Prior to Cr			amaged Are	a Code: g	28	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:	1	29	
1	Citation # (If Issued)	<u> </u>	Most	Harmful Event 1	. 24	•	AC Test Re	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp, Alcohol		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Drive	er Distracted by	26		owed from s		, 33	\vdash
⁶ 2		ntor and all occupants in			34 35		36 39		<u> </u>	
	Name (Last First Middle)		Address	DOB/Age S	Seat Safet Fos. System		Trap Injur Code Statu		Medical Facility	_
	Operator	Se	ee Above	>>>	1 1	4 0	0 10	1		
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-				-		+	\vdash	+		-
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⁷ 3	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action 10	Location	17 Condi	tion 18	н 🛄	it/Run 🔲 Moped	i
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	10 10	A_ DOB/Age		371YD3					State MA 21	·
		Er	dorsement	/ear <u>2007</u>				Veh C	Config. 1	
³ ₁	Operator HUBER, BRENDA	N First	Middle	er HUBER , Last	BRENDA	First		Midd	lie	-
Ţ	Address 4001 POULIOT P	<u>L</u>	Addn	ess 4001 PO	ULIOT	PL				14
	City WILMINGTON State	MA Zip 01887	-4589 City	WILMINGTO	<u></u>				<u>887-4589</u>	. 1 "
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	Vehicle Travel Direction: N K E W	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	23 To	est Status:	1	28	
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Ļ		Viol. 4: Ch/Sec/Sub —		r Distracted by 0	34 35	36 37	owed from s	cene? 2		4
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupa	ints involved Address	DOB/Age S	Scat Safety ex Pos. System	Airbag Licet	Trap Injury Code Statu	Transp.	Medical Facility	
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	Pol	monwealth of Massachusetts RMV Document Number														
	Date of Crash 08/22/2022	Time of Crash	T-7 - 1 -	City/Town ington	Motor	·Veh	icle Cra	sh		ımber hicles	Num Inju	~ ~	ed Limit	35	State Police Local Police MBTA Police	
	06/22/2022	24HR		ing con	Po	lice I	Report		3		0	- 1	gitude		Campus Police Other:	ā
		AT INTER	SECTION	ON:	<	LOCA	TION :	>			NO	AT II	NTER	SEC	TION:	
									21:	2	MZ	IN S	i dir			2 10
1	Route# Dire	ection		Name of Roadway/S	Street		Route# Direct	tion	Addr					Roadv	vay/Street	
1				At			Feet	N S	EW	of			•	or .		_
	Route# Dire	ection	Name	of Intersecting Road	lway/Street						Mi	e Marker			Exit Number	5 11
				Also at Intersection	with		Feet [Route	# —	Inters	ecting 1	Roadway/Street	-
² 3	Route# Dire	ection	Name	of Intersecting Road	lway/Street		Feet [NS	EW	of			, _			_
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3	of the Follow	mg.		H	t/Run	Moped										
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⁴ 2		GLEN R		0100			ss 115 GI)					1005 050	_
				MA Zip 0188		•	WILMING!		i		22		ged Area		1887-353 27 27 27 2	<u>/</u>
				AMILY CON			le Action Prior to		23	4 23	23	Test S		Couc.	1 28	-
⁵ 1	Vehicle Travel I		s X w	Responding to Eme	rgency?		<u> </u>	1	24			Туре	f Test:		29	
		sued)		*			Harmful Event Contributing Contributing		4	25	25		Test Res		1 30	13
				iol. 2; Ch/Sec/Sub —			•	99	26				Alcohol: I from so		Susp. Drug: 2 3	
⁶ 2	V101, 3: Ch/Sec/			iol. 4: Ch/Sec/Sub — or and all occupants in			Distribution of		34	35 Safety	36 Airbag	37 3		40	<u> </u>	-
	Name (Last First N	Middle)			Address		DOB/Age	Sex	Seat Pos.	System	Status	Code Co	ie Status	Code	Medical Facility Winchester	_
	Operat	or			See Above			X	1	1	4	0 0	10	2	Hospital	_
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⁷ 3	Please Select C		le 4	#Occupants No	n-Motorist A	Туре	15 Action	16	Locatio	л 🗔	17 C	ondition	18		Hit/Run 🔲 Moj	ed
<u>э</u>	License #		St	DOB/Age		Reg#				<u>-</u>	Reg	Type		R	eg State	
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0	Operator	Last		First	Endorsement	Owne	r	ast			Fi				iddle	_
⁸ 1	Address	1.13(L [131	whome	Addre	ss	L4151								
	City		State_	Zip		City_						_ State	<i>}</i>	Zip		_ 1 4
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	Vehicle Travel I	Direction: N S	EW	Responding to Eme	ergency?	Event	Sequence	23	23	23	23	Type o			29	
⁹ 2	Citation # (If Iss	sued)		-		Most l	Harmful Event		24	a eli		BAC	Test Res	ult:	30	_
				iol. 2: Ch/Sec/Sub —			Contributing Co	de	Ц,	25	25	•	Alcohol	<u> </u>	1 - mp - 1 - m	32
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub					_ Driver	Distracted by		26	35	36	Tower	from so	ene?	.33	_
	Ple Name (Last First N	•	erator/non-	motorist and all occu	pants involved		DOB/Age	Sex	Seet Pos.	Safety System	Airbag Status	Eject Tra Code Co	p Injury	Transp.	Medical Escility	
	Operate	or/Non-Mo	otorist		See Above		><	X	1							



Signature

ID/Badge #

Department Precinct/Barracks

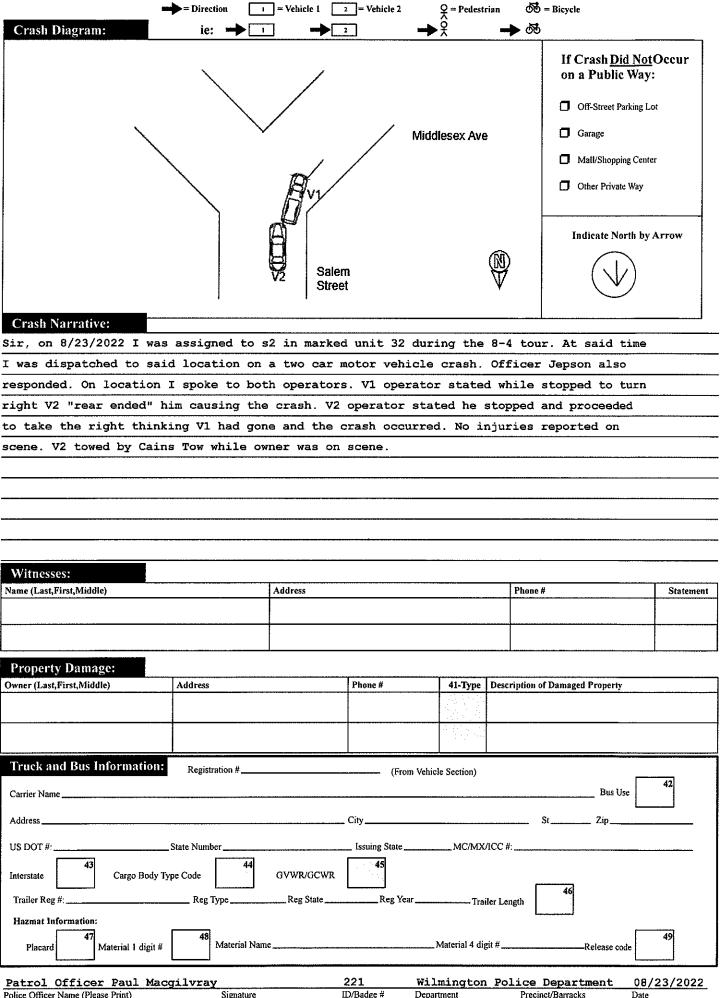
Date

Wilmington Police Department Images Associated with 22-267-AC





	Police Use Only	Comi	monwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash 08/23/2022 0827 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi Latitude	25	State Police Local Police MBTA Police	0800		
	24HR	ming con	Police	Report	2	0	Lannide Longitude_		Campus Police Other:	ă		
	AT INTERSECT	'ION:	< LOCA	TION >		NOT A	r inter	SEC	TION:			
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	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	2 11		
		Also at Intersection w	vith	Feet NSEW of Route# Intersecting Roadway/Street								
² 2	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	E W of							
	Diago Salaw On S							andmark				
³ 3	of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 22	-26	8-A(<u> </u>				
	License # S60837996 St N		. Reg	2WZK91		Reg Typ	PC	Re		12		
	Sex M Lic. Class D Lic.	Restrictions 1 20 C	DL Veh '	Year <u>2019</u>	Veh Make <u>F</u>	'ORD		Veli	Config. 21	 		
	Operator HOUDE, JAMES			er <u>HOUDE , S</u> U	JSAN F	RUTH First		Mid	kile	_		
⁴ 1	Address 11 MARSHBROOK			ess 11 MARSH	BROOK			IVII.		_		
	City BILLERICA Stat	e MA Zip 0182	1 City	BILLERICA		Sta	ite <u>MA</u>	Zip 01	821-526	<u>o</u>		
	Insurance Company CITIZENS	INSURANCE (COMPAN Vehic	ele Action Prior to Crash	2			a Code:	6 27 5 27 7 2	7		
5	Vehicle Travel Direction:	Responding to Emer	gency? 2 Even	r Sequence 1 23	23 23	2	est Status:		1 ²⁸ 29			
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test: AC Test Res	ult:	1 30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	isp. Alcohol:		Susp. Drug 2 3	2 1 13		
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Te	wed from so	ene?	2 33	_		
2	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbog Eject Status Code	38 39 Trap Injury Code Status		Medical Facility			
	Operator	Se	ee Above	XX	1 1	4 0	0 10	1				
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	Disco Catagona (Taba			15 16		17	18			_		
⁷ 4	of the Following: Vehicle 2.1	#Occupants Non	-Motorist A Type	Action	Location	Condi	tion	В	lit/Run Mop	ed		
		A DOB/Age	Reg #	3DZX19		Reg Typ	PC	Re	g State MA	-		
	Sex M Lic, Class D 19 19 Lic. I		DL Veh Y	/ear 2021	Veh Make 🎹	OYOTA		Veh (Config. 1			
⁸ 1	Operator MCNEIL, HARVE			er MCNEIL, F	IARVEY	HAVE First	LOCK	Mid	dle	_		
1	Address 21 LEXINGTON S	<u> </u>	Addre	ess 21 LEXIN	GTON S	ST				14		
	City WILMINGTON State	e MA Zip 01887	7-1339 City	WILMINGTON	<u> </u>				887-133	<u>9</u> 1		
	Insurance Company ARBELLA M	UTUAL INSU	RANCE Vehic	le Action Prior to Crash				Code: 2	2 ²⁷ 3 ²⁷ 1 ²]		
	Vehicle Travel Direction: NEW	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	~~ 1	st Status:]	29	:		
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	В.	AC Test Res	ult: 1	1 30			
-	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 ²⁵ 9	9 25 St	sp. Alcohol;	2 31	Susp. Drug: 2 3	2		
		Viol. 4: Ch/Sec/Sub		r Distracted by 99			wed from so		1 33			
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	18 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	Operator/Non-Motoris	t Se	ee Above	>< X	1 1	4 0	0 10	1				



Signature

ID/Badge #

Precinct/Barracks

	Police Use Only	Comn	nonwealth -	of Massac	huset	ts		RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Numi Vehic		Juberta ~		Local Police	
	08/23/2022 0857 Wiln 24HR	nington	Police 1	Report	2	2	Latitude Longitu		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	_		NOT A		ERSEC		7
										2 10
	38 S MAIN ST				-					
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address	s # 	Nam	e of Roady	vay/Street	-
	38 E LAKE ST	A		Feet N	S E W of	f	•	— or _		
	Route# Direction Nam	e of Intersecting Roadw	ay/Street				/larker		Exit Number	3 11
		Also at Intersection w	ith		S E W of	Route#	În	ntersecting l	Roadway/Street	
² 3	Route# Direction Nam	e of Intersecting Roadw	av/Street	Feet N	S E W of	f		ū	·	
3	Touter Director							Landmar	k	
³ 2	Please Select One of the Following: Vehicle 11	#Occupants Hit/I	Run Moped	Crash Repo	ort ID# 2	2-26	59 <i>-1</i>	AC		
2	License # NHL12036776 St N	H DOD/A	Bon	± 5089069		Pag Ti	PC	D	en State NH	
	10 10	20	-				-		21	1 12
		En	dorsement	Year <u>2019</u>				Veh	Config.	
⁴ 2	Operator FALES, TATUM 1	First	Middle	er FALES		MAR I P		М	íddle	٠
2	Address 2 IRIS AVE			ess 2 IRIS .	AVE					·
	City PELHAM State	NH Zip 03076	63604 City	PELHAM					30763604	.
	Insurance Company Liberty M	itual Insu	rance Vehic	ele Action Prior to Cra	ish 1				8 27 1 27 27	
-	Vehicle Travel Direction: NXEW	Responding to Emerg	gency? 2 Even	t Sequence 23	23 2	"	Test Status		28	
⁵ 1	Citation # (If Issued)	- -	Most	Harmful Event 1	24		Type of Te BAC Test		30	
	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	2.5	Susp. Alco	F	Susp. Drug. 32	1 13
	Viol. 3: Ch/Sec/Sub	Jiol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	JI	Towed fro		33	\mathbf{H}
⁶ 2	Please fill out for operat					35 36 3 nfety Airbag Ejo		39 40 Injury Transp.	<u> </u>	┥
	Name (Last First Middle)		Address	DOB/Age Se	ex Pos. Sy	stem Status Co	de Code :	Status Code	Medical Facility Lahey Clinic	_
	Operator	Se	e Above	$\nearrow \nearrow$	1 1	4 0	0 8	8 2	, , , , , , , , , , , , , , , , , , , ,	
					++					-
			<u> </u>	15 16	1	17		18	<u> </u>	4
⁷ 2	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	Con	dition	10	Hit/Run 🔲 Moped	
	License # NHL18913538 St NI	L DOB/Age	Reg	4786094		Reg Ty	pe PC	R	eg State NH	
	19 19	20	_	Year 2014					21	
	Operator CUTLER, CAMERO	En	dorsement	er CUTLER,						
⁸ 1	Address 595 CRYSTAL LA	First	Middle	Last ess 595 CRY		First		М	iddle	
\dashv	City GILMANTON IW State			GILMANTON				2:₌ ∩'	38374622	4 14
								Area Code:		
	Insurance Company Progressi			ele Action Prior to Cra	23 23		Test Status		28	1
	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Even	t Sequence 1 23			Type of Te	est:	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		BAC Test	Result:	30	
-	Viol. 1: Ch/Sec/SubV	/io1, 2; Ch/Sec/Sub	Drive	er Contributing Code	99 25	25	Susp. Alco	ohol: 31	DESP. DING	
	Viol. 3: Ch/Sec/Sub	Drive	r Distracted by	26		Towed fro	m scene?	1 33		
	Please fill out for operator/non	•	nts involved Address	DOB/Age So	Seat St	35 36 3' afety Airbag Eje stem Status Co	et Trap I	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist		e Above		1 1	2 0	0 6			1
	operator/1 tott-industrial	-			\^		-			-
							+			4

	= Direction	= Vehicle I	2 = Vehicle 2	Q = Pedestrian	ර්ජ් = Bicycle	
Crash Diagram:	ie: 👈	→	2	→ 兒 -	→ №	
		/	/	/	If Crash <u>Did</u> on a Public V	
		~ /3 ^E	I atterd		Off-Street Park	ing Lot
		D) Û			☐ Garage	
	Rte.38s/Main st.	2 00			☐ Mall/Shopping	Center
			=		Other Private \	Vay
			Q. T		Indicate Nort	h hy Arrow
			Carmond Id	~	Indicate Note	a by Arrow
			ā /		→)
Crash Narrative:						
Oper.#1 related she w	as traveling so	uth on Rte.	38/Main st.,	when m/v#2	pulled out in fro	ont
of her m/v#1 and was	unable to stop	in time.				
Oper.#2 related he wa	s attempting to	exit and m	ake a left t	turn onto Rte	e.38n/Main st., fr	om
Lake st While attem						
when m/v#1 crashed in	to the side of	his m/v#2.	He also rela	ted that he	did not see m/v#1	• •
(PWJ/142)						
B10-110-11-11-11-11-11-11-11-11-11-11-11-						80 1 8 U
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Traine (Last, First, Wildle)	· · · · · · · · · · · · · · · · · · ·	Address			1 Hote #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Desc	ription of Damaged Property	
				34.474 34.474		***
Truck and Bus Informatio	Registration#		(From V	ehicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #	#	
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45			
Trailer Reg #:		Reg State	 Reg Year	Trailer I &	46	
Hazmat Information:				— Italici La		
Placard 47 Material I digi	t# 48 Material Na	me		Material 4 digit #	——Release code	49
				Milmington Po		

Department